MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/516 ~~58~~

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
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TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS		▓		▓		▓

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
51		1		1		
52	1					
53				5		
54				5		
55				5		
56				5		
57				5		
58	1					
59	1		1			
60				1		
61				1		
62				1		
63	1					
64				1		
65						
66	1					
67	1					
68	1					
69			1	1		
70	1		1			
71	1					
72	1					
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TOTAL IND.		⬇	8 ⬇			⬇
TOTAL DEP.		⬅	316 ⬅			⬅
TOTAL CLAIMS		▓	324 ▓			▓